

ALLIED HEALTH CAREERS

Proposal to the Denali Commission

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University of Alaska and Industry Partners

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EXECUTIVE SUMMARY

Background

Over the past several years, the University of Alaska system and the Alaska health care industry have been reviewing data concerning allied health occupations and professions in the state, identifying areas of shortage and maldistribution, and considering strategies to address workforce issues. In March 2001, a comprehensive Alaska Allied Health Workforce Statewide Assessment survey was completed, with many sponsoring organizations. In response, the University began to expand programs to meet allied health workforce development needs through its initiatives process.

The process of addressing allied health workforce needs without exceeding demand is complex and challenging. For most of these occupations, the actual numbers of positions is relatively small in Alaska. Virtually all number less than one thousand in the whole state. However, many are fast-growing occupations, with expected increases in demand well over 50% (and some over 100%) during the decade ending in 2010.

As with many occupations, this is an aging workforce with an escalating rate of retirement. These workers are critical to the health care industry and some, by regulation, are required for operating a hospital. In small departments, the loss of just one employee may cripple the whole system of care. And, particularly in rural areas, turnover is often high, so there is a strong preference for training local residents for essential positions in order to minimize this problem. Over the past decade, health care facilities in Alaska have been forced to greatly expand their use of temporary allied health personnel from outside the state, at extremely high cost both financially and in terms of the continuity of patient care.

This affects the training system in a number of ways. Most allied health programs deal with a small number of students at a time and struggle to find cost efficiencies. They try to stay flexible enough to adjust to cyclic changes in demand. They work in close partnership with employers, and design career ladders that will allow students to work at a certain level of their career as they are studying to develop the next level of competency. They continue to develop distance-delivered components to bring instruction as close to the students' communities and employers as feasible. Some programs can be entirely distance-delivered; others may have to deliver some or all of the training in an urban center due to high infrastructure costs and the need for certain clinical experiences. For rural students participating in urban-delivered programs, there is a heightened need for the campus offering the program to be in close communication with rural employers and the rural campuses that may assist students in completing pre-requisite courses as well as those components of the training that can be distance-delivered.

Allied Health Alliance

In July 2002, the University of Alaska's Allied Health Alliance was formed. The Alliance is a cross-campus planning and coordination group of allied health deans and directors. In early April 2003, the Alliance will be hosting the University/Industry Allied Health Forum to allow university leaders and faculty to review progress and to engage in strategic allied health program planning with industry administrators and providers. After the forum, this proposal will be refined to reflect the collective strategies and plans determined by participants.

It has been clear since the Alliance began meeting in July of 2002 that an important component of allied health need exists in the rural areas of the state, and that vacancy rates experienced in remote areas were significantly higher than in its few urban centers. In order to best address this disparity, and to provide better access to educational offerings to rural students, a concerted and well-planned effort needs to be made to distribute allied health programs more widely across the state. All three of the University of Alaska main campuses had distance-delivered programs in place, but there was a lack of coordination and many potential opportunities to expand these programs.

The Alliance will closely monitor the implementation of the plans described in this proposal, and will engage in detailed planning to ensure that there is close collaboration across the system statewide. Please see Appendix A for a map of the University of Alaska system.

Employer Partnerships

Rural health care employers, and urban employers with service obligations to rural areas, have demonstrated a willingness to both express their needs and to work collaboratively to develop programs in their communities. Native health corporations have evidenced a strong desire to support their constituents in preparing for health occupations and for advancing their skills and careers. The University of Alaska has developed partnerships and agreements with rural employers, and is in the process of strengthening and extending those commitments. A table of existing and potential industry partnerships related to each of the occupations included in this proposal is found on the page following.

Table 1. **EXISTING AND POTENTIAL PARTNERSHIPS**

Program	Lead MAU	Existing Industry Partners	Prospective Partners
Community Health Aide/Practitioner	UAF-CRA	ANTHC CHAP Directors TCC	Other CHA/P Training Centers
Medical Office (Biller,Coder)	UAF-CRA	YKHC KANA TCC	Norton Sound Maniilaq Other Corporations
Pharmacy Technician	UAA-CTC	YKHC	SEARHC Norton Sound Maniilaq TCC Other Corporations
Medical Lab Careers	UAA-CTC	YKHC Maniilaq	KANA South Peninsula SEARHC/Bartlett Fairbanks Memorial Other Communities and Facilities
Dental Assisting Careers	UAA-CTC		SEARHC/Juneau YKHC Norton Sound/Maniilaq Other Dental Clinics
Radiographic Tech	UAA-CTC	Fairbanks Memorial Bartlett Hospital	Other Corporations and Rural Hospitals
Community Wellness Advocate	UAS	SEARHC YKHC Chugachmiut	Other Corporations
CNA/HHA/PCA	UAS	SEARHC Sitka General Ketchikan General Bartlett Hospital Wildflower Court	15 Rural Southeast Communities Other Regions
Health Learning Center	UAF-CRA/TVC	TCC ANTHC	Distance Learning Sites

Proposal

This proposal is intended to begin a several year process to develop university programs to expand Alaska's rural allied health workforce to meet the needs of rural employers for these essential practitioners. Included in the package are expanded programs to prepare Alaskans for several high priority occupations with significant demand and importance in rural areas of the state:

- Community Health Aide/Practitioner
- Medical Office (Biller, Coder)
- Pharmacy Technician
- Medical Laboratory Careers
- Dental Assisting Careers
- Radiographic Technologist
- Community Wellness Advocate (village health educator/nutritionist)
- Certified Nurse Assistant/Home Health Aide/Personal Care Attendant

Each of these programs is assigned to a lead campus and dean for development and coordination, but each will be incorporated into a joint statewide university/industry collaborative allied health action plan. All of the major campuses will cooperatively support and further integrate these initial pilots into future sustained program development efforts.

Also included in this package are proposals to address some critical allied health infrastructure deficiencies, including several remodeling and equipment priorities.

Please see the following page for information about these occupations with regard to demand and priority.

Table 2.
**Need for Alaska Allied Health Personnel
Noted in Denali Commission Proposal**

Occupation	Demand 2000-2010*	Annual Demand In Alaska	Annual Graduates UA System	Annual Gap**	Projected Graduates With Proposed Expansion	High Priority***
Community Health Aide/ Practitioner	1000 CH	100	21	79	TBD	Y
Medical Office (Biller, Coder)	850 AH	85	20	65	# See below	Y****
Pharmacy Technician	219 DL	21	8	13 Rural need increasing	24	Y
Phlebotomist	210 AH	~30 Increasing	19 6 rural	2+ Rural need increasing	~40	H
Clinical Lab Assistant	120 AH	12	7 Career ladder	5+ A rural occupation	12-14	H
Medical Lab Technician (2 yr)	101 DL	10	6	4+ High rural need	20-25	Y****
Medical Technologist (4 yr)	182 DL	18	7	11+ High rural need		Y
Dental Business Assistant	Not Listed	Increasing	12	Requests are increasing	>12	H
Dental Assistant	846 DL	84	21	63	40-45	Y
Dental Hygienist	350 DL	35	12	23	24	H
Radiographic Technician	256 DL	26	20	6+ High rural need	30	Y****
Community Wellness Advocate	Not Listed	Increasing	9	A developing rural occupation	15-20 By 2005	DK
Nurse Assistant/ Aide/Attendant	863 DL	86	Not available	Classes typically at capacity	140 In SE, by 2005 Spread to other areas of the state still to be planned	Y
Home Health Aide	402 DL	40	Not available	High rural need High turnover		Y
Personal Care Attendant	674 DL	67	Not available	High rural need High turnover		Y

*Data from: DL - *Alaska Occupational Forecast to 2010* (Alaska State Department of Labor)

AH - *Alaska's Allied Health Workforce: A Statewide Assessment*, March 2001 (UAA, Alaska Center for Rural Health)

CH - *Community Health Aide Program, Update 2001, Alaska's Rural Health Care at Risk*, May 8, 2001 (CHAP

Director's

Association for the Alaska Native Health Board).

** These numbers may be misleading. Rural areas of the state generally start with higher levels of vacancy and need, and distributing training programs throughout the state will help balance this disparity.

***Per *Alaska's Health Workforce: A Statewide Assessment*, March 2001:

Y – positions that are difficult to recruit, have high turnover, and demand is increasing

H – positions with high turnover OR difficult to recruit OR increasing demand

****Also an Alaska State Hospital and Nursing Home Association priority

75 rural students will complete the coding module of the CRA certificate program (9 credits) by May 2004. 30 Health Care Reimbursement Certificate graduates projected by end of 2004. Also 7 graduations from UAS Health Information Management AAS program each year.

Funding Request

The funding request includes two main sections. The first identifies costs of startup and instruction in Years 1 and 2, and the second is a capital request.

The total Year 1 funding request, including startup costs, Year 1 instruction, and an indirect cost recovery goal of 5% equals \$2,850,225. The capital request, also including an indirect goal of 5%, is \$2,151,450.

Please see the budgets associated with the proposed training programs on the two pages following.

Table 3.

FUNDING REQUEST - ALLIED HEALTH CAREERS

Program	Contracts for Training			Total Year 1 Direct	Indirect Cost Recovery Goal 5%	TOTAL YEAR 1 BUDGET REQUEST	Match Includes Indirect 20%	CAPITAL Plus 5% Indirect Goal
	Start-Up Costs	Year 1 Training	Year 2 Training					
CHA/P	\$ 490,000	\$ 632,500	\$ 820,000	\$ 1,122,500	\$ 56,125	\$ 1,178,625	\$ 364,500	\$ 540,000
# Students		175	190					\$ 27,000
Cost/Student		\$ 3,600	\$ 4,300					
Medical Office (Biller, Coder)	\$ 38,000	\$ 578,600	\$ 578,600	\$ 616,600	\$ 30,830	\$ 647,430	\$ 123,320	\$ -
# Students		80	80					
Cost/Student		\$ 7,200	\$ 7,200					
Pharmacy Technician	\$ 48,000	\$ 47,000	\$ 85,700	\$ 95,000	\$ 4,750	\$ 99,750	\$ 19,000	\$ -
# Students		12	24					
Cost/Student		\$ 3,900	\$ 3,600					
Medical Lab Careers	\$ 98,700	\$ 70,700	\$ 130,400	\$ 169,400	\$ 8,470	\$ 177,870	\$ 33,880	\$ 84,000
# Students		18	36					\$ 4,200
Cost/Student		\$ 3,900	\$ 3,600					
Dental Assisting Careers	\$ 60,000	\$ 101,000	\$ 179,000	\$ 161,000	\$ 8,050	\$ 169,050	\$ 32,200	\$ 510,000
# Students		24	36					\$ 25,500
Cost/Student		\$ 4,200	\$ 5,000					

Program	Contracts for Training			Total Year 1 Direct	Indirect Cost Recovery Goal 5%	TOTAL YEAR 1 BUDGET REQUEST	Match Includes Indirect 20%	CAPITAL Plus 5% Indirect Goal
	Start-Up Costs	Year 1	Year 2					
Radiographic Technologist	\$ 61,000	\$ 60,500	\$ 95,000	\$ 121,500	\$ 6,075	\$ 127,575	\$ 24,300	\$ -
# Students		5	10					
Cost/Student		\$ 12,100	\$ 9,500					
Community Wellness Advocate	\$ 31,500	\$ 300,000	\$ 300,000	\$ 331,500	\$ 16,575	\$ 348,075	\$ 66,300	\$ 15,000
# Students		36	36					\$ 750
Cost/Student		\$ 8,300	\$ 8,300					
CNA/HHA/PCA	\$ 10,000	\$ 87,000	\$ 87,000	\$ 97,000	\$ 4,850	\$ 101,850	\$ 19,400	\$ -
# Students		30	30					
Cost/Student		\$ 2,900	\$ 2,900					
Health Learning Center						\$ -		\$ 900,000 \$ 45,000
Total # Students		380	442					
TOTALS	\$ 837,200	\$ 1,687,300	\$2,054,700	\$ 2,524,500	\$ 126,225	\$ 2,650,725	\$ 564,900	\$ 2,151,450

Note: Costs will be refined between 3/25/03 and final submission.

Initiative Title: **Community Health Aide /Practitioner Program**

Lead Contact: Blanche Brunk, Director, Vocational Programs
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Community Health Aide/Practitioner: Community Health Aides/Practitioners (CHA/Ps) are rural patients' first contact with the network of health professionals in the Alaska Native health care system. CHA/Ps are the only 24 hours a day, 365 days a year trained health care presence in most of the villages in remote Alaska. Originally created in the 1950s to stem the tide of the tuberculosis epidemic that ravaged Alaska Native people, the Community Health Aide Program (CHAP) has emerged as a cost-effective rural health care delivery system. Unique in the United States today, 500 Community Health Aides and Practitioners provide emergency and primary health care in 178 rural villages in remote Alaska. This network also includes field supervisory staff, referral physicians at regional hospitals, and a tertiary care facility.

Level of Need: The Program recently determined a 20% annual turnover rate among both CHA/Ps and their supervisors. While this figure was not broken down to show the rates for the beginning CHAs and the more advanced CHPs, anecdotally it was noted that it is the younger, less experienced, Aides that are leaving the program in higher numbers. Overall, this turnover represents an annual demand for 100 CHA/Ps. And Program leaders believe retention would be enhanced if the total number of trained CHA/Ps were higher than the current 500.

1. Program Description

The Community Health Aide/Practitioner system is credited with saving many lives and influencing vast improvements in the health status of Alaska Natives. For the most part, contagious diseases that formerly killed many have been contained and no longer exist in Alaska. Infants no longer die at high rates in their first year of life. Now increased incidence of cancer, diabetes, alcoholism and suicide call for an even more sophisticated CHAP system that not only saves life in the emergency or acute care setting, but is also poised to prevent and intervene in the progression of disease. During its 35-year history, the CHAP system has undergone multiple changes in training, practice and organization that reflect emerging rural health care priorities and delivery of care advances.

At the same time, clinical and technological improvements necessitate a broader and more complex body of CHA/P knowledge. For instance, many CHA/Ps now communicate about their patients with supervising physicians through Internet-enabled technology or live video. The CHA/P job is both stressful and strenuous. CHAs and CHPs provide 300,000 patient encounters each year, responding to emergencies in their home villages continually. The very dimensions of health care that have led to health status improvements in their home villages now tax CHA/Ps with increased training requirements, greater complexity of care and rapid advances in technology. Turnover is persistent and high among CHA/Ps throughout Alaska, approaching 20%.

Today, with these substantial new challenges and opportunities on the horizon, CHAP is planning for expansion and moving forward. CHAP priorities include:

- Increase in training capacity
- Maintenance of CHA/P program standards
- Joint planning and resource sharing with the University of Alaska

a. Expansion of CHA/P training capacity is driven by two different needs. First, the Tanana Chiefs Conference (TCC) Regional CHA/P Training Center closed in 1999, when operation could not be sustained with available funds. The regional TCC need for CHA/P training was assumed by the other Centers in Anchorage, Nome, Bethel and Sitka. In the process, 36 CHA/P training slots were lost. A key solution to the lack of training opportunities is to re-establish the TCC CHA/P Training Center in a space that meets the clinical and financial needs of the program. Through a partnership with the University of Alaska, space has been identified for faculty and staff offices, and clinical classrooms. The TCC Regional CHA/P Training Center will be housed in the remodeled Tanana Valley Campus Courthouse facility in downtown Fairbanks. The second target of expanded training capacity addresses the need for additional instructional resources at the other four Training Centers.

b. Maintenance of program standards requires a sustained and formal working relationship between the five CHA/P Training Centers and the University of Alaska to assure that clinical standards needed for quality village practice are in place. The CHAP Directors' report to the Alaska Native Health Board, *CHAP 2001 Update*, cites the importance of this formal relationship with the University of Alaska in the dimension of academic rigor of the CHA/P training program. These shared standards of training excellence afford individual Community Health Aides the opportunity to complete University of Alaska course requirements leading to both a Certificate and an AAS in Community Health. Over 50 CHAs have completed the AAS degree and earned the designation of Community Health Practitioner. Originally CHAs worked from their homes. Now they are certified by a federal board and will soon be practicing out of new or remodeled village clinics.

c. Sharing resources and making collaborative plans - The University of Alaska and the Alaska Native Tribal Health Consortium (ANTHC) see tremendous potential in working together to implement CHAP expansion. An inclusive two-year planning process that brings all partners together will identify how to proceed in the face of the changing rural health care and CHAP landscapes. The University can contribute instructional expertise in the distance delivery of agreed upon portions of CHA/P training, using web-enhanced courses. Experts from the University of Alaska will join their counterparts from the CHA/P program to make the best use of technology, telemedicine and instructional resources.

2. Related Federal and State Programs

HRSA Bureau of Health Professions designated the College of Rural Alaska as the Alaska Health Education Training Center (HETC). Funded for a three years, the HETC will increase the numbers of Alaska Native students completing health certificates and degrees that are linked to sustainable jobs and careers. The total funding is \$710,000.

3. Prior, Ongoing, Anticipated Support

The CHA/P program is funded through the Indian Health Service and Alaska tribal health corporations. The overall program operating budget in 2001 stood at \$54 million statewide. Indian Health Service funding for the Village Built Clinic program, which provides operations and maintenance funds for the clinics in which most CHA/Ps work, is limited but ongoing. The Denali Commission will provide funding to build many new and remodeled rural clinics. Some village clinics have chosen to apply for Community Health Center status, with its attendant federal Bureau of Primary Care funding support.

Initiative Title : **Medical Office (Biller, Coder)**

Lead Contact: Blanche Brunk, Director, Vocational Programs
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Biller: Billers work under generalized supervision and are responsible for understanding and knowing how to use the hospital or clinic information system relating to billing/accounts receivable. A biller knows and understands UB92 and 1500 correct billing guidelines as mandated by third party payers and Federal and State policies. A biller prepares and sends primary bills for all patients or clients. He/she accurately tracks files and attachments to registration forms for payments on accounts.

Coder: Coders work under generalized supervision and are responsible for assigning ICD-9 and CPT/HPCS codes to all medical records in the hospital or clinic. Coders understand and abide by the correct coding guidelines as determined by the American Medical Association.

Level of Need: These occupations are not classified by the Department of Labor. An Allied Health survey in 2001 showed the need for about 85 billers and coders annually due to turnover, but UAF statistics indicate an annual demand of more than 150. This is an area that has been identified by industry as having a high level of need.

1. Program Description

Hospitals, clinics and private health care providers, like other successful businesses, must generate adequate revenue through their services to maintain and grow their business. Medical billers and coders are essential to the collection of revenue and are key to the financial viability and sustainability of any health care organization. These specialists transform doctors' notes on diseases and medical procedures into codes used to bill patients and their insurance companies, including Medicare and Medicaid. Medical billers and coders document in a standardized format everything that happens during a visit to the doctor or a stay in the hospital. Inaccurate coding brings sizeable government penalties. Doctors may be fined for each item or service incorrectly billed. Late billing or lost claims cause payment delays and result in loss of revenue.

As Alaska scrambles to train and recruit nurses to cope with a serious shortage, the less visible jobs, like billing and coding, are also feeling the pinch. A current statewide shortage of qualified billing and coding specialists is expected to continue for the next ten years. In rural Alaska, at regional tribal health corporations, there are very few certified coders. The jobs go unfilled or a more expensive fix is applied - coding is done by Lower 48 consultants. Right now there is no set standard for educational requirements in the field. However, this situation is changing. Within the next 5-7 years, according to the American Association of Coding Professionals, hospitals and clinics will be required by accrediting bodies to employ more certified billers and coders.

This proposal builds on the success of the newly developed Health Care Reimbursement (HCR) Certificate program in the UAF College of Rural Alaska. In less than eighteen months, this program has expanded delivery to rural students at the Yukon Kuskokwim Health Corporation in Bethel, through collaboration with the College of Rural Alaska Vocational Programs, the Tanana Valley Campus, the UAF Center for Distance Education and some support from a 3-year federal grant from the HRSA Bureau of Health Professions. Over time, it is expected that this program will be delivered to many regions of the state, and

will articulate to health care management careers and to the Health Information Management program provided by the University of Alaska Southeast.

In April, thirteen Alaska Native students, all working as billers and coders for the Yukon Kuskokwim Health Corporation, will take the national Coding Specialist Certification examination, after completing the first 12 credits of the HCR Certificate. Nine of these students will take more courses in the fall toward the certificate and hope to earn AAS degrees with continuing support from YKHC. Fifteen other YKHC employees will begin HCR instruction next month. Tanana Chiefs' Conference in Fairbanks and Maniilaq Association in Kotzebue have identified student cohorts for the program. Kodiak, through their local UA campus, has expressed interest in the program, as has Norton Sound Health Corporation in Nome. In total, more than 100 interested students have been identified by rural and tribal health employers, almost all in the 20 to 30 year old age group.

As the University of Alaska pipeline opens to meet this rural demand, more accessible courses need to be readied so rural students can move forward and gain required skills. A positive experience in University billing and coding courses builds student learning skills and confidence in their own ability to pursue more difficult health programs.

This HCR certificate is designed to reach adult learners of all ages. Mid lifers seeking new careers, or those burned out from direct patient care, can find a sustainable career in billing and coding. Engaging students in the 17 to 28 year old age group is of particular importance. In partnership with school districts and the regional CRA campuses, the web-enhanced courses will be delivered in summer institutes to rural high school students, offering dual college credit, viable employment in their regions, and introducing the health field as a career choice.

2. & 3. Related State and Federal Programs/Ongoing Support

The University funds one instructor to lead the Health Care Reimbursement Certificate program.

The College of Rural Alaska (CRA) is designated as the Alaska Health Education Training Center by the HRSA Bureau of Health Professions. Funded for three years, the HETC will increase the numbers of Alaska Native students completing health certificates and degrees that are linked to sustainable jobs and careers. HCR is part of this project. The CRA Rural Career Pathways Project is an 18-month effort bringing college programs linked to jobs to the western Alaska communities hit hard by the salmon fishery collapse. This is a partnership with Alaska Works and with the Alaska Department of Labor and Workforce Development.

Initiative Title: Pharmacy Technician

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Pharmacy Technician: Pharmacy Technicians work under the direction of a Pharmacist. Duties include: checking for authenticity, accuracy, and completeness of prescriptions/physicians orders; filling and labeling of prescriptions; prepackaging tablets/capsules; preparing solutions for IV additives or irrigations; making other sterile or high-risk medications; delivering medications to areas; maintaining drug inventories; and maintaining all records and files. A Pharmacy Technician must have an active Alaska State Pharmacy Technician License.

Level of Need: The Alaska Department of Labor forecasts a need for 219 pharmacy technicians in the decade ending in 2010. Alaskan employment is expected to increase at a rate of about 73%. Because there is a national shortage of pharmacists, pharmacy technicians are being sought to help fill the workforce need in this area. UAA offers a 30 credit transcribed certificate program that prepares students to secure the Alaska State Pharmacy Technician License and to work under the direction of a Pharmacist. The UAA program is the only one in Alaska that prepares students for the Federal Registry Exam. There were 8 graduates in academic year 2002; 7 are currently enrolled in 2003.

1. Program Description

This request seeks funds to create distance-delivered Pharmacy Technician curriculum and program capacity to serve students across Alaska. Initially, the existing curriculum offered in Anchorage must be converted to a blended system of web-based and classroom instruction, deliverable throughout rural Alaska. This faculty position would work directly with Tanana Valley Campus (TVC), the College of Rural Alaska (CRA), the University of Alaska Southeast (UAS), and their respective rural educational centers, to assure students' success in meeting initial program admission and testing requirements, and to coordinate delivery of program courses, management of practicum experiences, and assessment of student success and program effectiveness. Planning discussions with CRA and the Yukon-Kuskokwim Health Corporation in Bethel reflect rural demand, employer commitment for on-site mentors for rural students, and rural faculty interest in student advising and academic preparation for distance-delivered pharmacy courses as soon as they are ready and available.

Funded through a University of Alaska Allied Health initiative, the Pharmacy Technician program began in 2000 as a certificate of completion of several courses, located in temporary space, but with over \$75,000 in donated equipment and materials from the owners of Alaska Pharmacy Services. That donation made possible the existence of a full lab, in which students could apply procedures and operations learned in the core courses. Through national association contacts, the program coordinator secured \$75,000 worth of industry software needed to complete the lab replication. Supported by an industry advisory committee, faculty and industry partners will host the national pharmacy technician convention in Anchorage in April, 2003.

Program faculty and industry partners are currently seeking American Society of Health System Pharmacies accreditation.

2. Related Federal and State Programs

None

3. Prior, Ongoing, Anticipated Support

UA Statewide initiative funding to support faculty and instructional costs

Donations: \$75,000 equipment and materials for lab
 \$75,000 in value of lab software

Initiative Title : **Medical Laboratory Careers**
Phlebotomist
Clinical Laboratory Assistant
Medical Laboratory Technician (MLT)
Medical Technologist (MT)

Lead Contact: Cindy Zimmerman, Interim Director
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Phlebotomist: Phlebotomists obtain blood and other samples for laboratory testing. They establish professional relationships with their patients, collect and prepare specimens, maintain collection areas and equipment, and perform record keeping duties. This is an entry-level occupation and most phlebotomists move on to other professions after a time.

Clinical Laboratory Assistant: The Clinical Lab Assistant is a relatively new occupation with a scope of practice that includes waived and moderate complex testing in the clinical lab. It was developed for rural settings. Because of recent improvements in lab equipment, this individual can perform nearly all of the tasks of medical laboratory technicians.

Medical Laboratory Technician: Medical laboratory technicians perform laboratory tests that are important in detecting, diagnosing, and treating diseases. Medical laboratory technicians use sophisticated equipment that requires high accuracy, including microscopes, computers, blood analyzers, centrifuges, and biological culture materials. Certification is optional.

Medical Technologist: Medical technologists supervise other laboratory personnel, such as medical laboratory technicians, and perform complex laboratory procedures that play an important role in the detection, diagnosis, and treatment of many diseases. They have knowledge of physiological conditions affecting test results and are able to recognize how various tests relate to each other.

Level of Need in Alaska: The Alaska Department of Labor does not track either the Phlebotomist or Clinical Lab Assistant occupations. There is an ongoing need for phlebotomists due to the high rate of turnover in this field. The Yukon Kuskokwim Health Corporation (YKHC) is working in partnership with UAA to train Clinical Lab Assistants for the hospital in Bethel and its subregional clinics. The demand will increase as more subregional clinics are built and employers become aware of the scope of practice for this new occupation. UAA offers Phlebotomy and Clinical Lab Assistant non-transcripted, departmental certificates of completion via web-based distance delivery. Students must contact the Medical Laboratory Technology Department to arrange for a mentor and clinical training facility prior to enrolling in the programs. Currently 6 students are enrolled in the distance phlebotomy program and 13 phlebotomists typically graduate each year from the on-campus program. Seven students are enrolled in the Clinical Lab Assistant program. These students are located in Aniak, St. Mary's, Emmonak, Bethel and Kotzebue.

There are currently 141 Medical Lab Technicians and 270 Medical Technologists working in Alaska. According to the Alaska Occupational Forecast to 2010 there will be a need for an additional 101 MLTs and 182 MTs by 2010. Seven students in the first cohort of the baccalaureate MT program will graduate in May. There are approximately 6 MLTs in a typical graduating cohort. The MLT program has been partially distance-delivered in the past and it is intended to expand that opportunity. However, MLT students will still need to do an intensive practicum in Anchorage in order to experience the full range of required skills. Some didactic components of the MT program could potentially be distance-delivered, but for most of the program rural students will need to reside in Anchorage.

There is a nationwide critical shortage of laboratory personnel due to the aging workforce, closure of training programs and decreased enrollment. Many facilities are offering sign-on bonuses and hiring traveling laboratory personnel to fill their vacancies. This is especially a problem for rural health care providers in Alaska. Approximately 28 medical technologists, medical lab technicians and clinical lab assistants are needed annually in Alaska. The medical laboratory careers comprise a well-defined career ladder for individuals interested in this work. It has been identified as a high priority area by industry.

1. Program Description

Five years ago, two instructors provided just the UAA Medical Laboratory Technician AAS program. Currently, two instructors provide four programs: the AAS in MLT, the BS in Medical Technology (MT), Phlebotomy (both on campus and distance to rural Alaskans) and a successful distance program designed for rural Alaskans to become Clinical Lab Assistants. Full and adequate funding for all four programs does not exist, requiring select courses to be offered on a self support basis or covered by instructional overloads and minimally paid directed studies. Any expansion to serve additional students and/or additional sites throughout Alaska is resource-constrained. In order to expand outreach of this program into rural areas, additional resources are required. Also, badly outdated laboratory equipment must be replaced in order to provide for the MLT practicum and the MT program.

All four programs are filled to capacity. Capacity is a function of lab space on campus, resources for distance delivered instruction, and rural community support and capacity. Resources must be identified to work with rural students (online instruction), to communicate with on-site mentors, to further modularize the curriculum for ease of student progression (at a speed designed for their success), to assess the program's efficacy, and to work with a statewide UA allied health curriculum planning and design team to coordinate efforts and assure consistent delivery to students located throughout Alaska.

Equipment. Presently the department operates by using donated equipment from facilities as they upgrade to new technologies. In most cases, this mechanism of acquiring new items works well. However, the *Chemical Analyzer*, a major piece of equipment donated several years ago, will no longer be usable in 2004 as the manufacturer will no longer produce the reagents for this instrument. This equipment is essential to quality instruction that replicates industry standards and helps prepare MLT and MT students for successful performance in the workplace. There is also a need to obtain funding for four blood banking instruments. Technology changes, equipment ages, and high employer demand for Allied Health instruction creates need for additional funding to replace old equipment and acquire additional new technology. While the medical laboratory programs continue to receive equipment donations from industry, additional help is needed. The Chemical Analyzer and blood banking instruments are critical to the continued viability of existing programs and to their expanded services to rural Alaskans.

Part of a career pathway, training for Phlebotomist and Clinical Lab Assistant positions articulates directly into the Medical Laboratory Technician and Medical Technologist programs, occupations also needed in rural subregional and regional health care centers. Funds are also requested to provide for conversion of training components into distance-delivered formats and for essential equipment required of a standards-based curriculum, as well as assessment of this type of delivery as an effective workforce preparation program.

The Medical Technologist, Medical Laboratory Technician, Clinical Lab Assistant and Phlebotomist programs together represent a truly articulated pathway for a career in medical technology. Each set of courses "counts" or can be applied to a certificate, an associate of applied science degree and a baccalaureate degree. This pathway allows the university faculty to "... meet each student where s/he is and help them take that next step toward a career of their choice." It enables working students to progress at a rate that fits their life/work requirements and adds value to the health care industry's Alaskan workforce.

The new BS degree in Medical Technology will have its first accreditation site visit in Spring of '03 and will graduate 7 students in May '03. The Medical Laboratory Technician program graduates approximately 6 students each year and is in its second year of offering distance courses through online instruction to 13 students, in cooperation with YKHC and Maniilaq Association in rural Alaska. With assistance from on site mentors, with flexible schedules, modularized curriculum/lessons, and frequent instructor access (online), rural students are experiencing success in their courses and validating that success by passing their certification exams at rates equal to or greater than on-site students. Five distance students have scored more than 100 points above the standard passing score for the national certification exam in phlebotomy.

2. Related Federal and State Programs

None

3. Prior, Ongoing, Anticipated Support

Through the initiative process, UA provided \$62,000 to fund a position to develop and teach in the new BS program in Medical Technology. Approximately \$40,000 of used but useful equipment has been donated by Anchorage hospitals for use in Medical Laboratory Technician and Phlebotomist instruction. All programs support active industry advisory committees, composed of representatives of major employers in each occupational area. Employer members contribute student practicum lab sites, mentorships, accreditation and program standards assistance, and program promotion and marketing.

Initiative Title: **Dental Assisting Careers**
Dental Business Assistant
Dental Assistant
Dental Hygienist

Lead Contact: Cindy Zimmerman, Interim Director
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Dental Business Assistant: A dental business assistant provides administrative/business support in a dental office, as well as some clinical assisting. Coursework in this program articulates with the Dental Assistant and Hygienist programs.

Dental Assistant: Dental assistants help dentists in a variety of tasks. They are often the first professional the patient comes into contact with in the dental clinic. In rural Alaska, dental assistants work wherever dentists practice. All dentists require one or more assistants. Certification is possible but not necessary.

Dental Hygienist: A hygienist works under the supervision of a dentist. In addition to providing the routine service of removing stains and deposits from patients' teeth, a hygienist also has the responsibility of taking x-rays, applying sealants to children's teeth and administering fluoride treatments to help prevent decay. Following a two or four-year college education, licensure is required to practice.

Level of Need in Alaska: The Dental Business Assistant occupation is not tracked by the Alaska Department of Labor and there are no pertinent statistics related to demand. The Dental Business Assistant program will begin a second cohort of classes in May 2003. Currently a summer program, this grant-funded (Workforce Investment Act) program trains welfare to work students to become valued, well-prepared members of the working dental team. Twelve students were accepted into the program last year and all twelve completed the program and sought employment; eight are fully employed in dental offices. Additional resources would enable dental programs to serve more clients from the welfare to work roles, and to replicate this program in other locations.

The Alaska Department of Labor projects a need for 846 dental assistants in the decade ending in 2010. That is a 137% increase over the positions in 2000. About 21 dental assistants graduate from UAA and UAF programs each year, far short of the 85 per year projected. About 350 dental hygienists will be needed in the same timeframe, with cohorts of about 12 graduating each year. The market for hygienists in the Anchorage area is limited, but there are often vacancies in rural Alaska. It is important for the UAA department, in conjunction with the dental assisting program at UAF, to consider ways of increasing outreach to rural areas of the state. With collaborative planning, it is anticipated that the dental business assistant and dental assistant programs can be converted to a distance-delivered format and made available to rural employers. Because of the nature of the dental hygienist program, it is expected that this program will be primarily delivered in Anchorage in the near term. Plans are under consideration to add another cohort to the hygienist program in order to better accommodate rural students.

1. Program Description

This proposal seeks fund to upgrade the facilities of the UAA Dental Clinic which support both direct service delivery to students, residents and working poor, as well as educational programs in dental hygiene, dental assisting and dental business assisting. It also would develop outreach capacity and coordinate with employers and partner campuses throughout Alaska.

In the past twenty years, UAA has awarded over 300 AAS degrees in dental programs to students from around the state. Both the hygiene and assistant programs are fully accredited by the Commission on Dental Accreditation of the American Dental Association. UAA provides the only hygiene program in Alaska and joins the Tanana Valley Campus in Fairbanks in providing dental assisting education and preparation. The UAA Dental Hygiene program ranked sixth in the nation on the 2002 National Board Exam. Assistant students are eligible to take the Dental Assisting National Board to become a certified Dental Assistant. All students are prepared to find employment upon graduation.

Beginning in October 2002, Dental Assisting students started a service learning project which allows underserved populations to come to the UAA Dental Assisting Clinic and receive dental care. This clinic operates year round and is an asset to the program and the community. The clinic provides Dental Assisting students experiences working with more severe dental challenges under the direct supervision of a dentist. This prepares them for a more varied type of clinical experience common across Alaska. The Dental Clinic serves hundreds of patients a year with hygiene services, x-rays, dental sealants and dental care to the working poor and underserved populations without dental insurance. Students are all involved in service learning projects and spend many hours in public service venues teaching Alaskans about oral health care.

The UAA Dental Clinic was opened in 1987. Even then all of the units were not new. Today the facility needs to be renovated and new dental chairs are desperately needed. The present ones are early to mid-1970's vintage. The counters are coming apart after years of exposure to sanitizing chemicals. The floors are wearing out from the wheels on the students' stools. The newest of the twelve older chairs is nineteen years old. The motors are wearing out and the headrests are broken. Although the program has welcomed donated equipment from various sources, its present condition does not well serve students nor the general public.

The sterilization area must be modernized to today's standards. The compressed air for cleaning the dental hand pieces (drills) is located on the sterile side of the room. The building was built in an era before all instruments and hand pieces required sterilization. New technology requires a different configuration of space to properly perform required sterilization procedures. A recent survey indicated that ventilation is inadequate when working with hazardous sterilization chemicals. Clinic space must support proper training for sterilization competencies that are consistent with federal and state standards. Students must learn the proper way to keep their patients and themselves safe when working in the dental environment.

2. Related Federal and State Programs

The WIA grant is a state-funded effort in collaboration with Alaska Department of Public Assistance and UAA's Adult Learning Center *WorkFirst!* Program

3. Prior, Ongoing, Anticipated Support

The Dental Assisting Clinic received start up money for hiring dentists and buying supplies from First National Bank of Alaska in the amount of \$28,000 for three years. The Rasmussen Foundation donated \$25,000 for small equipment items needed to start the clinic. The WIA grant for the summer Dental Business Assistant Program is shared with UAA's Adult Learning Center and provides a total of \$67,800 over two years.

Initiative Title: **Radiographic Technologist**

Lead Contact: Cindy Zimmerman, Interim Director
Allied Health Programs
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Radiographic Technologist: Radiographic Technologists and Technicians support physician diagnoses by taking x-rays using a variety of different equipment and techniques. After an x-ray is shot, technologists process and develop the film using different methods from dark rooms to digital copying. Radiographic Technologists provide information/education to patients regarding x-ray procedures, deal with physician orders, and correct authorization/paper work for reimbursement. Certification is available but not required.

Level of Need in Alaska: The Alaska Department of Labor forecasts a need for 256 radiographic technologists in the period 2000-2010, which represents an annual job opening of about 26 positions, an increase of 89%. The Department does not determine need for specialties such as Sonographer, Mammographer, or Nuclear Medicine Technician. UAA offers a five semester, 60 credit, AAS degree program in Anchorage with courses delivered face-to-face and on line. A UAA cohort is 15 students, with a new group beginning each academic year. UAA and UAF/TVC coordinate/deliver the same program to a 5 person cohort in Fairbanks.

There exists a nationwide shortage of radiographic personnel due to the rapid aging of the population and to the trend of increasing reliance on use of imaging technologies in the health care industry. In Alaska, there is need to deliver the existing program, using a rotating cohort model in Fairbanks (existing), Juneau (proposed), and potentially at other sites to be determined throughout Alaska. This is an area of high need per industry, and enormous sums are spent each year in Alaska to bring up temporaries in this field.

1. Program Description

This request seeks funds to create distance-delivered Radiographic Tech curriculum and program capacity to serve students and employers across Alaska. Initially, the conversion of existing program components taught at UAA to an online or web-based format must be completed, that could be deliverable throughout rural Alaska. Collaboration would occur with the Tanana Valley Campus, College of Rural Alaska and University of Alaska Southeast, and their respective rural educational centers, to assure students' success in meeting initial program admission and testing requirements, general education competencies, and to coordinate delivery of program courses, management of practicum experiences where feasible at the remote sites, and assessment of student success and program effectiveness. Planning discussions with CRA, YKHC and UAS reflect rural demand, employer commitment for on-site mentors for rural students, and rural interest in student advising and academic preparation for distance-delivered radiography courses as soon as they are ready and available.

This request assumes existence of rural site facilities and technical assistance to support video, audio, instructional television, and computer with internet connectivity. These are generally available through CRA, TVC and UAS.

Funded through a UA Allied Health initiative, the Radiographic Tech program began in Fall 2001, delivering three courses as part of a UAA effort to broaden allied health education. The AAS program includes 17 professional courses specific to the field and 8 general education courses. These courses will

fulfill national programmatic accreditation requirements as well as lower level degree completion requirements at UAA.

2. Related Federal and State Programs

None

3. Prior, Ongoing, Anticipated Support

UA Statewide initiative and one-time pool funding provided support for 2 FTE UAA instructors, 0.5 FTE TVC faculty, operational and instructional costs, three course conversions for distance delivery, and creation of a UAA imaging lab and classroom space. Ongoing general funds do not cover the entire cost of operations and selected courses are offered on a self support basis.

Initiative Title : **Community Wellness Advocate (CWA)**

Lead Contact: Dr. Karen Schmitt
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Community Wellness Advocate: CWAs serve their communities by providing wellness education, health promotion, and nutritional information.

Level of Need: This occupation is not tracked by the Alaska Department of Labor. There have been village health educators in Alaska Native villages for many years, but most have not had the opportunity to attend a formal training program with the potential for development of a career ladder to becoming a health educator. The Southeast Alaska Regional Health Consortium (SEARHC) developed this program and has partnered with the University of Alaska Southeast in its provision. There is an interest from other rural areas of the state to participate in providing this program.

1. Program Description

Abstract:

This proposal is to expand an existing allied health training program in community health education. This program is currently offered as the Community Wellness Advocate (CWA) training program by the University of Alaska Southeast in partnership with the Southeast Alaska Regional Health Consortium. Other native health collaborators include Chugachmiut and the Yukon Kuskokwim Health Corporation. The primary goal is to meet employers' need for health promotion/disease prevention workers through the development and statewide distance delivery of a 30-credit *Community Wellness Advocate with an emphasis in Community Nutrition* certificate program. The program is heavily focused on nutrition and healthy lifestyle choices as the basis for disease prevention and health promotion for women, infants, children and other rural community residents. CWAs training in this program will work with community groups and individuals to address poor nutritional habits that are the foundation of many of the leading causes of illness and death in Alaska—cancer, heart disease, diabetes, obesity.

Need:

Alaska's unique geography and demographics have shaped a unique health care system. The tribal health constellation of care systems is virtually the only means of delivering health care services in much of rural Alaska. As defined in the State of Alaska, a Community Wellness Advocate (CWA) is a trained professional who works with community groups and individuals to address existing health priorities through delivery of educational programs and individual or small group interventions. The use of this type of health professional has been demonstrated to be both efficient and cost effective.

However, an effective, comprehensive, statewide CWA training program has not existed in Alaska. Native health care entities have identified a major gap in the health care service continuum in Alaskan villages in that there are virtually no village-based professionals that provide services focusing on the promotion of good nutrition and healthy lifestyles as a means of preventing disease.

The overall purpose of the Community Wellness Advocate Training Program is to expand rural health care systems statewide by developing and implementing accessible affordable, relevant, and academically sound

distance delivered training to rural, underserved, largely Alaska Native villages. The use of this type of health care professional has been demonstrated to be both efficient and effective in the context of Alaskan health service provision.

No other program of this nature exists in the State. SEARHC originated this program 3 years ago using HRSA funds. Additional monies infused by UAS/USDA have made program expansion in the region possible and attracted a positive statewide response for participation by other tribal health agencies. UAS has long been recognized for its expertise and success in distance delivering education to rural areas of the State. To make this unique partnership a success, SEARHC supplies master's prepared nutritionists and health educators to teach the curriculum, while UAS brings academic accountability and strong student support services.

Program Highlights

- A statewide CWA Advisory Council was formed in December 2001. This group is comprised of tribal health organization representatives, State of Alaska agencies, and other health non-profits. This group guides the implementation and evaluation of the program and has quarterly teleconferences with one face-to-face meeting in December.
- 71% of CWA students are Alaska Native.
- To date, 40 students statewide have participated in the program.
- Over 80% of current or former CWA students are working as health educators and promoters in their communities.
- Health education activities by CWA students include:
 - health fair booths
 - healthy food demonstrations in grocery stores
 - community physical activity programs
 - school health presentations
 - exercise classes
 - compiling community health profiles
- UAS proposes to expand the program throughout the entire state with a goal of doubling the number of students successfully participating in the program and achieving 100% placement of graduates seeking employment in health education in their community.

Description

This training program is a collaborative effort between the University of Alaska Southeast Sitka Campus and the Southeast Regional Health Consortium (SEARHC) to further develop the Community Wellness Advocate training model in ways that address the unique geographic and cultural context of Alaska. It began with seed money SEARHC acquired from a HRSA grant and was initially offered as continuing education only to selected villages in Southeast Alaska.

The primary purpose of the program expansion will be to provide accessible, affordable, relevant, and academically-sound distance-delivered training that will enable allied health professionals to provide health promotion and disease prevention services to rural, underserved, largely Alaska Native villages. The CWA training program educates students to effectively create and carry out health promotion and health education activities in their community. It is ideal for village health and human service workers and others who want to help make a difference in the health of their communities.

Currently the CWA training is 3 courses (12 credits) taught over the course of one year. The courses in the curriculum:

- Introduce the basic principles of public health
- Survey Alaskan health systems
- Teach how to assess and use health resources both within and outside Alaska
- Cover, in-depth-, the foundations of “one-on-one,” group, and community health education
- Teach the skills necessary to become a successful health promoter
- Cover health issues and topics important to Alaskans

A wide array of student support services from UAS are available to promote academic success. In fact, the program has been so successful that other Native Health Care Corporations around the state have come knocking on the door wanting to involve students from their regions.

2. Related Federal and State Programs

USDA Department of Agriculture, Cooperative State Research, Education, and Extension Service (CSREES), Glenn Godfrey, Senior Program Leader for Higher Education, Washington DC
ggodfrey@reeusda.gov

3. Prior, Ongoing, Anticipated Support

This program has been jointly grant funded by existing CSREES and HRSA grants for Alaska Native Serving Institutions. Resources are needed to expand the program to other areas.

Initiative Title : Certified Nurse Assistant/Home Health Aide/Personal Care Attendant

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Certified Nurse Assistant: Nursing assistants give personal care to patients in hospital and nursing homes. They work under the direction of nurses and physicians. Many employers have training programs. Alaska requires CNAs to pass a certification examination. However, there are non-certified nurse aides, orderlies and attendants at work in Alaska as well.

Home Health Aide: Cares for elderly, recovering, or disabled persons in their own homes. This is an occupation of high importance in rural Alaska.

Personal Care Attendant: Provides home-based services so elderly, disabled and ill clients can remain in their own homes. This is also an important occupation in rural Alaska.

Level of Need: Nursing Assistants (CNAs), Personal Care Attendants (PCAs) and Home Health Aides (HHA) help in nearly every aspect of nursing care in hospitals, clinics, home health, assisted living, private homes, and doctor's offices. CNAs, PCAs, and HHAs work under the direction and care-planning of nurses or other health care professionals. In rural Alaska, Native language speaking aides are often called upon to provide crucial translation skills. Rural Alaska employers include regional hospitals, specialty clinics operated by regional health corporations or state and federal agencies, and community-based health care programs. These occupations are relatively low-paying and turnover is very high. Surprisingly, the Alaska Department of Labor projects the number of these individuals needed in the 2000-2010 period at almost 2000:

CNA/Nurse Assistant/Orderly/Attendant	863	72% increase
Home Health Aide	402	47%
Personal Care Attendant	674	62%

While there are many programs throughout the state preparing these aides, the demand is far greater than capacity. Both prospective students and employers are frustrated by the limited capacity.

1. Program Description

The University of Alaska system offers a number of 6-9 week CNA/PCA/HHA training programs at each of our main campus sites in Anchorage, Fairbanks and Juneau. Training is also provided at the extended campus sites. These are sites located in rural communities that maintain very close ties to rural healthcare providers. The availability of jobs, combined with the short, one-semester timeframe for providing CNA/PCA/HHA training, makes it an ideal target for quick, high-impact results in rural health care workforce development.

This proposal is to expand the delivery of CNA/PCA/HHA training to UAS rural outreach sites in partnership with regional health care organizations. The goal will be to provide quality instruction leading to certification and a direct link to jobs in rural Alaskan home health and facility-based care systems. In addition, UAS will provide advising and guidance for pursuit of ongoing health care career development and continuing education activities for these rural communities.

Currently UAS offers at least one section, often two, of CNA training at each of its main campus sites each semester as HS 110 for 9 credits. PCA training is available via our HS 102 course and HHA training is being developed as HS 193. CNA training at UAS for the past three years has been very successful and sections continue to fill to capacity:

CNA Enrollments	2000	2001	2002	2003	Total
Juneau	32	49	52	51	184
Ketchikan	27	27	26	26	106
Sitka	11	22	11	11	55
Southeast region	70	98	89	88	345

In partnership with the rural health corporations, a circuit-rider model of CNA/PCA/HHA training is proposed to provide face-to-face vocational training in the rural communities of Southeast. To implement training in our rural communities we propose to provide training for 8-10 students on a rotating and as-needed basis in each of the outreach sites managed by the UAS Sitka campus:

1. Angoon (S)
2. Craig (S)
3. Coffman Cove (S)
4. Gustavus (S)
5. Haines (S)
6. Hoonah (S)
7. Hyder (K)
8. Klawock (S)
9. Metlakatla (K)
10. Pelican (S)
11. Petersburg (S)
12. Skagway (S)
13. Tenakee Springs (S)
14. Wrangell (S)
15. Yakutat (S)



The outreach coordinators and activities are managed primarily by the Sitka (S) and Ketchikan (K) campuses. UAS will undertake a survey of the health care providers in each community and determine the best schedule, location and timing for a concentrated course in each of these three job training programs. Connections with high schools and vocational education and training programs in the local communities will be utilized to recruit students ready for the training and looking for work in the health care field. Student services and advising will be provided to ensure success and encourage a lifelong approach to career development in health care.

This pilot is planned for a five-year period, with three sites being identified for programs each year. As the success of the pilot is assessed, collaboration with UAF and UAA programs will occur to provide outreach to other rural areas of the state.

2. Related Federal and State Programs

None

3. Prior, Ongoing, Anticipated Support

Basic funding for the existing program will continue to be available.

Initiative Title : **Health Learning Center**

Lead Contact: Jake Poole, Director
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Need: In order to provide a location in Fairbanks to house and disperse a variety of nursing and allied health programs, this initiative would provide \$900,000 to renovate and equip the TVC Health Learning Center. TVC's allied health and nursing programs are among the fastest growing programs within TVC. While the registered nurse shortage has captured everyone's attention, there are similar shortages throughout our state in allied health occupations, including health aides, health care reimbursement billers/coders, and pharmacy technicians, to name a few. The TVC programs are working very hard to meet the need of Alaska's employers for nurses and other health care workers. This new facility will greatly improve the level of training and the ability to expand the program to further meet state needs.

1. Program Description

The Tanana Valley Campus is in the initial phase of design and renovation of a "new" TVC building, the Old Fairbanks Courthouse on Barnette Street. The facility was acquired for the State of Alaska and is now being redesigned to provide TVC a campus which will house student assistance, administration, and academic/vocational programs.

Two of the key programs scheduled to move into the building are Allied Health and Nursing. The TVC plan has Allied Health and Nursing occupying a redesigned fourth floor of the building. The design will provide Allied Health and Nursing classrooms, teaching labs for the Medical Assisting, Dental Assisting, Phlebotomy and Nursing programs, a computer lab, and faculty offices. Additionally the information technology is being designed to create "smart classrooms" which will allow for instruction to be transmitted throughout rural Alaska.

The Health Learning Center will collaborate with the Alaska Health Education Training Center (HETC) in the College of Rural Alaska. The facility will deliver allied health training and other educational instruction to rural Alaska. The Health Learning Center will also provide other rural Alaska health care programs, such as the Community Health Aide Program (CHAP), a location and source for faculty collaborations, curriculum development and distance education design and delivery. The Center will collaborate in the design and delivery of the University of Alaska's allied health certificate and degree programs by providing classrooms and the use of distance delivery infrastructure.

The new facility will offer increased access to clinical courses to rural students enrolled in University allied health programs by distance. It can also provide a home or learning hub for summer events for rural high school students, such as dual credit courses, lab experiences and hands-on learning experiences in health career exploration.

The partnership with the Tanana Chiefs Conference Community Health Aide/Practitioner training program provides the perfect collaboration site to reach their rural and remote Health Aides. Some of their communities can be reached by road and others will depend on air travel. This linkage provides for distance classrooms to reach Health Aides in between on-site instruction, thus saving valuable time without losing connection or instruction.

2. Related Federal and State Programs

None

3. Prior, Ongoing, Anticipated Support

Currently we are working on Phase 1 monies from the General Obligation Bond recently passed by the Alaska voters including \$2 million for TVC space renovation, which has allowed for a large part of the initial renovations necessary for part of TVC to move in. However, to complete the redesign and transition, TVC will require additional funding. UAF presently has a \$2 million capital request in the FY 04 University of Alaska budget for Phase 2 of the renovation. UAF/TVC is also exploring other alternative funding sources to augment the construction and equipment funds available. TVC has received partial funding for allied health instructional equipment through a Perkins III grant, and the UAF Provost instructional equipment fund to replace some of our aging equipment. Additionally, donation of equipment by Fairbanks medical and health care groups has been invaluable.

Capital funds are requested in this proposal in the amount of \$900,000 to accomplish remodeling and equipping of classrooms and laboratory space in support of health programs delivered in Fairbanks and outlying sites.

The identification and securing of this additional funding will allow TVC to meet health program space needs within one year. Without the additional funding, TVC will need to use a longer phased approach which will impact the ability of TVC to meet the increasing needs for training qualified health care technicians and nurses for the State of Alaska.

CONCLUSION

The University of Alaska has presented a funding proposal to the Denali Commission in support of the development of allied health workers required by rural Alaska health care employers. Program expansion is planned to more closely approach the level of need experienced by industry, and to improve access to educational programs by rural students. It is expected that receiving career training close to their home communities will encourage students to remain in rural Alaska to work for local employers, and will provide opportunities for rural residents to “grow their own” health care providers.

This proposal also includes requests for capital funds to provide needed infrastructure development and upgrade.

APPENDIX A
MAP OF UNIVERSITY OF ALASKA STATEWIDE SYSTEM



